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PATENT, TRADEMARK, COPYRIGHT
 AND RELATED MATTERS: ALL PHASES
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TOTAL PAGES (Including Cover Page) 12 DATE: May 25, 2005MAY 25 2005

Commissioner of Patents and Trademarks

TO: A. Lewis FROM: Raiford A. Blackstone, Jr., Reg. No. 25,156FAX NO: (703) 872-9306 FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES** WILL BE SENT BY MAIL COURIER ✓ WILL NOT BE SENT**NOTES:**

Inventor: Olsen et al.
 For: BREATHING ASSISTANCE
 APPARATUS
 Art Unit: 3743
 Serial No.: 10/646,434
 Filed: August 22, 2002
 Attorney Ref.: 1171/40069B/112B

CERTIFICATION OF FACSIMILE TRANSMISSION

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FORM PTO-1083

Case Docket No. 1171/40069B/112B

In re application of:

Serial No.: 10/646,434

Filed: August 22, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: Olsen et al.

Attorney Docket No.: 1171/40069B/112B

CERTIFICATION OF FACSIMILE TRANSMISSION

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May 25, 2005
DateTiffany E. Sexton
Tiffany E. SextonCOMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 21	MINUS	** 44	0
INDEP.	* 2	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A
SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ Request for a Continued Examination (RCE).
- ☒ Authorization to charge deposit account.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: May 25, 2005

Rafael A. Blackstone, Jr.
 Rafael A. Blackstone, Jr. Reg. No. 25,156
 Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

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Serial No.: 10/646,434)
Filed: August 22, 2003)
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APPARATUS)
Applicant: Olsen et al.)
Examiner: A. Lewis)
Art Unit: 3743)
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Date

Tiffany E. Sexton
Tiffany Sexton

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Final Office Action dated February 25, 2005, having a shortened
statutory period for response set to expire on May 25, 2005, kindly amend the above-
identified patent application as follows: